

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581531

FILING DATE

2 June 06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13	1					
14		1				
15		2				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22			1			
23						
24						
25						
26						
27						
28						
29						
30						
31						
32			1			
33				1		
34			1			
35						
36						
37						
38						
39			1			
40				1		
41						
42			1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		⇐	15	⇐		⇐
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		⇐		⇐		⇐
TOTAL CLAIMS						